

Background Check Authorization

Name (Last, First, Middle)



FOUNDATION FOR ACADEMIC ENDEAVORS

AUTHORIZATION TO RELEASE INFORMATION Washington Access to Criminal History (WATCH) Foundation for Academic Endeavors (FAE)

I, _____
Last Name First Name Middle Name M
 F

do hereby authorize a background check, through Washington State Access to Criminal History (WATCH)

I authorize Foundation for Academic Endeavors, to request and receive such information. I understand that information appearing on this Authorization will be used exclusively by Washington Access to Criminal History (WATCH) and the released information will be held in confidence. I further understand that within 10 days of receiving the report a copy will be provided for me.

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not choosing me for a position or for my discharge if I have already been chosen.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS

Participant Signature

Date

Current Address _____ Dates Lived There _____

City _____ State _____ Zip Code _____

Have you been convicted of a crime? YES NO
Have you had a finding made against you in any civil adjudicative proceeding? YES NO
Have you had a conviction and findings made against you? YES NO

Date of Birth _____ Other Names Used (Including Maiden Name) _____ Years Used _____

Driver's License # _____ State _____

E-mail (may be used for official correspondence) _____

Complete and Mail to: (FAE) PO Box 945, Mount Vernon, WA 98273
or Email to skagitfae@gmail.com